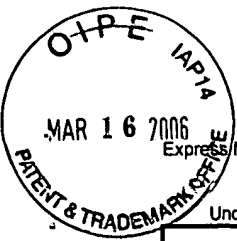


03-17-06

IFW 2178 #



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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/866,877-Conf. #4487	
	Filing Date	May 30, 2001	
	First Named Inventor	Jesse Ambrose	
	Art Unit	2178	
	Examiner Name	A. M. Queler	
Total Number of Pages in This Submission	10	Attorney Docket Number	384818519US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PERKINS COIE LLP		
Signature			
Printed name	Do Te Kim		
Date	3/16/06	Reg. No.	46,231

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AMENDMENT TRANSMITTAL LETTER

Docket No.
384818519US1

Application No. 09/866,877-Conf. #4487	Filing Date May 30, 2001	Examiner A. M. Queler	Art Unit 2178
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Applicant(s): Ambrose et al.

Invention: CLIENT SERVER SYSTEM WITH THIN CLIENT ARCHITECTURE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00

- Large Entity Small Entity
- No additional fee is required for this amendment.
- Please charge Deposit Account No. 50-0665 in the amount of \$ _____
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 120.00 to cover the filing fee is enclosed.
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Do Te Kim

Dated: 3/16/06

Attorney/Agent Reg. No.: 46,231

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